

## *Funding Opportunity*

Government of the District of Columbia Department of Health  
HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA)

# Pre-exposure Prophylaxis (PrEP) as HIV Prevention



**RFA Number:** HAHSTA\_PrEP072415

**Application Deadline:** August 24, 2015 by 4:30 PM

*Late applications cannot be accepted*





## **Pre-exposure Prophylaxis (PrEP) as HIV Prevention**

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The Department of Health (DOH) reserves the right without prior notice, to reduce or cancel one or more programs listed in this Request for Applications (RFA). DOH reserves the right to reject all applications, adjust the total available funds or cancel the RFA in part or whole. Funding levels for the total program and budget amounts of individual awards shall be contingent upon continued receipt of funding by DOH, as well as any reduction, elimination or reallocation of funds by a federal grantor, the Executive Office of the Mayor (EOM) and/or the Department of Health. Any adjustments shall be in accordance with authorizing legislation for the use of funds, all DC municipal regulations for grant-making and the applicable federal and DOH terms of agreement.

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**District of Columbia Department of Health  
RFA Terms and Conditions**

v06.2015

**The following terms and conditions are applicable to this and all Requests for Applications issued by the District of Columbia Department of Health (DOH) and to all awards, if funded under this RFA:**

- Funding for a DOH subaward is contingent on DOH's receipt of funding (local or federal) to support the services and activities to be provided under this RFA.
- DOH may suspend or terminate an RFA pursuant to its own grant making rule(s) or any applicable federal regulation or requirement.
- The RFA does not commit DOH to make any award.
- Individual persons are not eligible to apply or receive funding under any DOH RFA.
- DOH reserves the right to accept or deny any or all applications if the DOH determines it is in the best interest of DOH to do so. An application will be rejected if it does not comply with eligibility requirements, formatting or submission requirements outlined in the RFA. DOH shall notify the applicant if it rejects that applicant's proposal for review.
- DOH reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA. The prospective applicant is responsible for retrieving this information via sources outlined in the RFA (e.g. DC Grants Clearinghouse).
- DOH shall not be liable for any costs incurred in the preparation of applications in response to the RFA. The Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility. No funds already awarded the applicant under other instruments or agreements shall be used by the applicant to fund the preparation of the application.
- DOH may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.
- DOH shall determine an applicant's eligibility by way of local and federal registries for excluded parties searches and documents and certifications submitted by the applicant.
- The Applicant Organization must obtain a Data Universal Numbering System (DUNS) number to apply for funding and register for the federal System for Award Management (SAM) at [www.sam.gov](http://www.sam.gov) prior to award.
- DOH reserves the right to require registry into local and federal systems for award management at any point prior to or during the Project Period. This includes DOH electronic grants management systems, for which the awardee will be required to register and maintain registration of the organization and all users.
- DOH may enter into negotiations with an applicant and adopt a firm funding amount or

## Pre-exposure Prophylaxis (PrEP) as HIV Prevention

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other revision of the applicant's proposal that may result from negotiations.

- DOH shall establish terms of agreement for an award funded under this RFA. If funded, the applicant will receive a Notice of Grant Award (NOGA). The NOGA will establish the project period (i.e. the total number of years for which funding has been approved) and define any segments of the Project Period (e.g. initial partial year, or a 12 month budget period). The NOGA shall outline conditions of award or restrictions.
- Continuation of funding, if awarded shall be based on availability of funds, documented satisfactory progress in interim and annual reports, continued eligibility and determination that the continued funding and activities is in the best interest of the District of Columbia.
- DOH shall provide the citations to the local or federal statute/s and implementing regulations that authorize the award; all applicable District of Columbia and Federal regulations, such as OMB Circulars 2 CFR 200 (effective December 26, 2014) and as applicable for any funds received and distributed by DOH under OMB circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the awardee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the funding Agency; and compliance conditions that must be met by the awardee.
- If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Additional information about grants management policy and procedures may be obtained at the following site: [www.opgs.dc.gov](http://www.opgs.dc.gov) (click on Information) or click here: [City-Wide Grants Manual](#).

If your agency would like to obtain a copy of the **DOH RFA Dispute Resolution Policy**, please contact the Office of Grants Management and Resource Development at [doh.grants@dc.gov](mailto:doh.grants@dc.gov) or call (202) 442-9237. Your request for this document will not be shared with DOH program staff or reviewers. Copies

**DEPARTMENT OF HEALTH (DOH)**

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**HIV/AIDS, HEPATITIS, STD and TUBERCULOSIS ADMINISTRATION (HAHSTA)  
NOTICE OF FUNDING AVAILABILITY (NOFA)  
HAHSTA\_RFA#\_PrEP072415**

**2015 Pre-Exposure Prophylaxis Outreach and Support**

The Government of the District of Columbia, Department of Health-HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) is soliciting applications from qualified organizations to provide prevention services. The following entities are eligible to apply: private, non-profit and for profit organizations, and licensed to conduct business with the District of Columbia. Private entities include community development corporations, community action agencies, community-based and faith-based organizations.

**Target Populations:** Applications are being solicited to target men who have sex with men (MSM), transgender individuals and women.

**Program Area: Pre-Exposure Prophylaxis Outreach and Support**

Total Available - \$560,000.00, up to 3 awards

Grants will be awarded through the use of 2015 federal payment funds allocated to the FY 15 local budget for the District of Columbia Department of Health. Authorization for the use of these funds for subgrants is made under the Department of Health functions Clarification Emergency Amendment Act of 2015 (DC Act 19-391).

All awards resulting from this RFA are contingent upon the availability of funds. Grant awards under this authorization are projected to begin September 30, 2015 and end September 29, 2016, with one option year. The Department of Health holds the right to rescind the RFA and funding at any time.

**The release date for this Request for Applications (RFA) is 07/24/2015.** The

HAHSTA\_RFA#PrEP072415 will be available on the following website

<http://www.opgs.dc.gov/opgd/cwp/view>, under District Grants Clearinghouse. A limited number of copies of the RFA will be available for pick up at DOH/HAHSTA offices located at 899 North Capitol Street, NE Washington, DC 20002 4th floor.

**The Request for Application (RFA) submission deadline is no later than 4:30 p.m. on Monday, August 24, 2015.** Late applications will not be accepted for funding consideration. A Pre-Application Conference will be held **on Wednesday, July 29, 2015 from 10:00 a.m. to 12:00 p.m.** at 899 North Capitol Street, NE, 4th Floor, Washington, DC in the HAHSTA 4th floor conference room.

Please contact Stacey Cooper at 202-671-4900 or [Stacey.Cooper@dc.gov](mailto:Stacey.Cooper@dc.gov) for additional information.

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## OVERVIEW

### **Purpose**

The DC Department of Health, HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) intends to support three Pre-Exposure Prophylaxis (PrEP) Support and Outreach programs to reinforce prevention activities for high-risk African-American men who have sex with men, women, and transgender individuals.

The PrEP intervention will increase the awareness of PrEP as a potential prevention strategy for persons who are HIV negative, educate possible participants in the requirements of the intervention, inform medical providers on the intervention as an option for their patients, and provide support in the form of risk reduction counseling, medical appointments for relevant health screenings and access to appropriate resources for successful participation in the program.

The long term goals of PrEP Support and Outreach programs will include:

- Increasing the number of District aware of PrEP as a prevention option;
- Educating clinicians about the use of PrEP as an option for their patients;
- Increased health screenings for African-American men who have sex with men, women and the transgender community;
- Expansion of existing PrEP programming for the District.

**Available Funding:** Approximately \$560,000.00 will be available for FY 2016 grant awards, with a one year option, performance-based continuation year. Grants will be awarded through the use of Department of Health Functions Clarification Emergency Amendment Act of 2015 (D.C. Act 19-391). Grant awards under this authorization are projected to begin September 30, 2015 and end on September 29, 2016, with one option year.

### **Additional Non-funded Resources and Opportunities**

HAHSTA encourages applicants to consider adding complementary activities and resources to its prevention programs as appropriate. It is encouraged that the following add-on opportunities be utilized to develop a comprehensive HIV prevention program that addresses key District goals for reducing transmission of HIV; such as, increasing the number of condoms distributed and decreasing the number of syringes removed from the street and increasing the number of individuals aware of their hepatitis risk and status.

*HIV testing technical assistance/test kit supports:* the District is committed to providing free oral rapid HIV tests to community partners to make this non-invasive technology available to broader segments of the population. HAHSTA offers test kits, training for providers, and technical assistance to funded as well as unfunded partners.

Applicants may also consider participating in test promotion rather than test provision. HAHSTA has developed a wide social marketing strategy to promote the participation in HIV screening at the provider as well as at the community level. For example, materials for the “Ask

for the test” are readily available for providers to distribute within the community preferably outside of their established client base in order to enhance the impact of this social marketing campaign.

*Innovative Testing Strategies:* HAHSTA also makes available to funded and non-funded providers, training and skills development in innovative CTRS strategies such as Social Networks. HAHSTA is able to mobilize resources to schedule Social Networks trainings, hosted by CDC and DOH/HAHSTA staff.

## **PROGRAM ACTIVITY DETAILS**

### **Pre-Exposure Prophylaxis Support and Outreach**

*\*Approximately \$560,000 available, up to three (3) awards*

*Program Period, September 30, 2015-September 29, 2016, with one option year*

#### ***Description***

The purpose of this program is to fund up to three providers for outreach, education and support for Pre-Exposure Prophylaxis (PrEP). HAHSTA released a funding announcement in August 2014 that included support for pre-exposure prophylaxis services (PrEP). HAHSTA’s current programs: 1.) support an increase in the awareness of PrEP as a potential prevention strategy for persons who are HIV negative, 2.) educate possible participants in the requirements of the intervention, inform medical providers on the intervention as an option for their patients, and 3.) provide support in the form of risk reduction counseling, medical appointments for relevant health screenings and access to appropriate resources for successful participation in the program. The goal is to increase the number of appropriate PrEP participants in the District of Columbia and avert potential HIV infection. HAHSTA will support up to three providers in this funding area. One provider will be funded to target African-American men who have sex with men, one provider will be funded to target women and one provider will be funded to target the transgender population. **This funding will not support the purchase of the medication for PrEP.**

DC’s PrEP model includes a combination of innovative approaches that enhances the already robust medical coverage for District residents. The focus of DC’s model places great emphasis in supportive models that can work in tandem with prescribing clinicians to maximize the benefits and effectiveness of PrEP for the target population. The overall goal of the PrEP program is to further advance DC’s effectiveness in reducing the number of new infections diagnosed every year among District residents. This can only be accomplished by expanding the network of providers who are actively participating in the implementation of bio-medical models of HIV prevention known to be effective in achieving such outcome and the number of constituents who agree that participation in these programs is to their benefit.

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The following intermediate and long-term outcomes are associated with the proposed effort:

- An increase in the number of at-risk African American MSM, women and transgender population aware of the existence and the benefits of PrEP.
- An increase in the number of at-risk African American MSM, women and transgender population engaged in PrEP prescription and support programs.
- An increase in the number of prescribing physicians aware and actively prescribe and refer patients to PrEP services.

PrEP is a scientifically proven intervention that effectively prevents HIV transmission. Several multinational, randomized, double-blind, placebo-controlled, phase III clinical trials of daily oral anti-retroviral medication prevented the acquisition of HIV infection among uninfected but exposed persons. The studies found the use of tenofovir disoproxil fumarate [TDF] and emtricitabine [FTC], known by its marketing name *Truvada*, between 44% and 75% effective in preventing HIV. Among those who followed the study protocol consistently there was a 92% reduction in risk for HIV acquisition. With the provision of risk reduction counseling in the study protocol, participants reported lower numbers of sex partners and higher percentages of condom use than at baseline.

Gilead Sciences applied to the US Food and Drug Administration (FDA) for approval of the medication for preventive use. On July 16, 2012, the FDA issued its approval of Truvada “the first drug approved to reduce the risk of HIV infection in uninfected individuals who are at high risk of HIV infection and who may engage in sexual activity with HIV-infected partners. Truvada, taken daily, is to be used for pre-exposure prophylaxis (PrEP) in combination with safer sex practices to reduce the risk of sexually-acquired HIV infection in adults at high risk.”

Having previously issued interim guidance on PrEP in 2011 and 2012, on May 14, 2014, the U.S. Centers for Disease Control and Prevention (CDC) issued full recommendations on implementing PrEP entitled “*Pre-exposure Prophylaxis for the Prevention of HIV Infection in the United States – 2014*.” The guidelines provide health care providers with recommendations on the use of PrEP to prevent HIV, and include a supplement with additional materials and tools for clinicians who prescribe PrEP for their patients. Here are links to the guidelines and supplement:

Guidelines - <http://www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf>

Supplement - <http://www.cdc.gov/hiv/pdf/guidelines/PrEPProviderSupplement2014.pdf>

PrEP has tremendous potential to prevent HIV among persons who may be at high risk of HIV exposure. Those persons are sexually active who do not consistently use condoms, are not in a mutually monogamous relationship with a partner, are in a relationship with a person living with HIV who may not be consistently on treatment, have recently injected drugs or is having sex with someone who injects drugs, among others. PrEP is recommended for heterosexuals, men who have sex with men and persons who inject drugs. PrEP is most successful when it includes the counseling of other effective strategies, including using condoms, testing for HIV with partners, reducing the number of partners, and having partners who are HIV positive take antiretroviral therapy.

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## **Required Elements and Specific Evaluation Criteria for Program Area**

***Program Implementation:*** The applicants must include a plan to identify target populations for the intervention, outreach and educational activities for potential participants and providers, and a comprehensive package of support services. The application must also describe the number of persons to be educated, providers to be informed and PrEP participants.

***Target Populations:*** The applicant must include a full description of their target population (i.e., African-American men who have sex with men, transgender individuals and women) and the cultural competency required to serve the population. Applicants must demonstrate an understanding of the barriers to service utilization that are often the case for African-American men who have sex with men, transgender and women and give a thorough plan for increasing the potential for successful linkage. Using a client advocacy, navigation or a short term case management approach are accepted ways of addressing supported linkages that provides potential for greater success. This section should also include the number of individuals to be targeted and served, how the applicant will engage younger injection drug users, as well as how they will ensure adequate coverage across the District.

***Implementation approaches:*** The applicants must develop innovative approaches to engage diverse populations in learning more about PrEP. The applicants must also demonstrate effective approaches in informing medical providers on the potential of PrEP for patients. The applicants must also evidence competency and creativity in providing a range of support services, including risk reduction counseling on condom promotion, partner and relationship negotiation, and personal prevention plans. The applicants must develop approaches to address risk of other infections, namely chlamydia, gonorrhea and syphilis, through participation in the program.

***Staffing Plan:*** The applicants must describe how their staff has the knowledge of PrEP guidelines. The successful applicants will demonstrate their experience in working with medical providers, comfort and sensitivity in risk reduction counseling, skills in presentations and education approaches, and helping program participants navigate health systems.

***Linkages:*** The applicants must establish linkages with medical providers to ensure compliance with PrEP guidelines for essential screenings (HIV, hepatitis B, hepatitis C, STDs), treatment of STDs, vaccinations (hepatitis A/B), renal function tests, pregnancy tests and other medical evaluation. The successful applicants will identify effective and innovative relationships with pharmacies on medication management to ensure adherence. The applicants will also establish partnerships with other community-based organizations that have a track record of working with the diverse populations relevant for PrEP, including education of those organizations. Successful applicants will have connections to other resources that could address other barriers to ensuring full participation in PrEP.

***Cultural competence:*** The applicants must describe their ability to deliver the program intervention, HIV prevention and risk reduction information in a culturally appropriate and sensitive manner that does not alienate or stigmatize the target populations. The applicant must demonstrate their ability to deliver culturally appropriate messages to a diverse range of participants including gay and non-gay identified men, heterosexual men and women, transgender persons, persons with a history of injection drug use, among other populations. The

applicant must also describe how they will address stigma associated with accessing the intervention and HIV prevention in general.

**Monitoring and Evaluation:** The applicant must demonstrate capacity to track participant data (counseling activity, medical visits, screenings and other indicators), numbers of persons informed and educated, providers educated on PrEP guidelines and implementation, and outcomes, such as condom utilization, number of sexual partners, and other health indicators.

### ***APPLICATION ELEMENTS\*\*\****

- I. HAHSTA Assurance Packet**
- II. Executive Summary (Required Template)**
- III. Background, Need, and Impact Description (up to 7 pages)**
- IV. Organizational Capacity Description (up to 10 pages)**
- V. Partnership, Linkages and Referrals Description (up to 5 pages)**
- VI. Program Activity Plan (up to 15 pages)**
  - i. Program Activity Narrative, including evaluation plan
  - ii. Work Plan (Required Template)
  - iii. Budget (Required Template)

### **VII. Attachments**

### ***APPLICATION SUBMISSION PROCEDURES***

#### ***1. Pre-application Conference***

A Pre-Application Conference will be held on Wednesday, July 29, 2015 from 10:00 a.m. to 12:00 p.m. The meeting will provide an overview of HAHSTA's RFA requirements and address specific questions about the RFA.

The conference will be held in the 4<sup>th</sup>Floor Conference Room at the HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) 899 North Capitol Street, NE, 4<sup>th</sup> Floor.

#### ***2. Internet***

Applicants who received this RFA via the Internet shall provide the District of Columbia, Department of Health, and Office of Partnerships and Grants Services with the information listed below, by contacting [Stacey.Cooper@dc.gov](mailto:Stacey.Cooper@dc.gov). Please be sure to put "**RFA Contact Information**" in the subject box.

Name of Organization  
Key Contact  
Mailing Address  
Telephone and Fax Number  
E-mail Address

This information shall be used to provide updates and/or addenda to the RFA # HAHSTA\_NEX Needle Exchange Program.

### *3. Letter of Intent (LOI)*

A LOI is not required, but is highly recommended. This information will assist HAHSTA in planning for the review process. Please fax only one LOI per application to HAHSTA, using the template in Attachment A, no later than 4:45 p.m. on Wednesday, July 29, 2015. The letter of intent should be faxed to Stacey L. Cooper at (202) 671-4860.

### *4. Assurances*

It is recommended that the Assurance Packet be submitted to the Financial Management and Administration Services Division by Tuesday, August 11, 2015 to allow for review and evaluation. Applicants with complete assurance packets will receive a receipt that they should bring with them along with their application in lieu of the assurance documents at the time they submit their application. Proposals from organizations that do not have the complete required assurances will not be considered for funding.

**The envelope with the assurances must have attached a copy of the Assurance Checklist or the receipt that confirms a complete assurance packet was received.**

Please contact April Richardson on 202-671-4828 regarding assurance submission.

### *5. Prepare application according to the following format:*

- a. Font size: 12-point unrounded
  - b. Spacing: Double-spaced
  - c. Paper size: 8.5 by 11 inches
  - d. Page margin size: 1 inch
  - e. Numbering: Sequentially from page 1 (Application Profile, Attachment B) to the end of the application, including all charts, figures, tables, and appendices.
  - f. Printing: Only on one side of page
  - g. Binding: Only by metal (binder) clips or by rubber bands; do not bind in any other way
6. Submit one original and five hardcopies of your application to HAHSTA by 4:30 p.m. on Monday, August 24, 2015. Applications delivered after that deadline will not be reviewed or considered for funding.

Applications must be delivered to:

District of Columbia Department of Health  
HIV/AIDS, Hepatitis, STD and TB Administration  
4<sup>th</sup>Floor Conference Room  
899 North Capitol Street, NE  
Washington DC 20002

The application must have the following components:

- I. Executive Summary
- II. Applicant Profile
- III. Background, Need and Impact Description
- IV. Organizational Capacity Description
- V. Partnership, Linkages and Referral Description
- VI. Program Activity Plan (one for each activity)
  - a. Program Activity Narrative, including evaluation plan
  - b. Work Plan (Required Template)
- VII. Budget (Required Template) Attachments

One original and five hardcopies must each be submitted in separate envelopes. The original must have attached a copy of the Application Receipt (Attachment C) affixed to the front of the envelope.

### **APPLICATION EVALUATION CRITERIA**

#### **HAHSTA Assurance Packet**

Required, not scored. [1 packet in good standing required from each organization]

#### **Executive Summary (Required Template)**

Required, not scored  
Template includes Summary Budget

#### **Background, Need, and Impact Description**

5 points

The extent to which the applicant:

- a. Demonstrates a clear understanding of the needs, gaps, and issues affecting the selected population(s) and documents a clear need for the proposed program activities;



- b. Includes data and other supporting evidence to justify the proposed approach and target audience(s) and presents sources of such data;
- c. Demonstrates the potential for significant impact and success in achieving the selected goal for the selected priority population;
- d. Describes how the proposed activities enhance or complement existing or planned activities of the applicant's organization.
- e. Demonstrates that services will only be used for District residents in District venues.

### ***ORGANIZATIONAL CAPACITY DESCRIPTION***

5 points

- a. Demonstrated experience in serving the target population(s). (Please explain how long you have provided services and describe what kinds of services have been provided, the outcomes of services you provided, and your relationship with the community).
- b. Evidence of staff and organizational expertise and performance in activities and services related to those proposed in this application. (Please present any relevant performance results from prior or related activities).
- c. Structure, management and staffing, and administrative/fiscal management supports: Describe how you will ensure that staff members reflect the target population and have a history of experience working with the proposed target population or can demonstrate proven effectiveness in working with the target population or on the proposed interventions. (Please describe, as a group, the characteristics of your key program staff in terms of experience working with the target population, gender, race/ethnicity, HIV serostatus, area of risk expertise, or other relevant factors). Describe past management of governmental grant funds, and/or current administrative structure in place to support effective management.
- d. Overall monitoring & evaluation system and expertise— please describe: current system of data collection and methods for reporting HIV prevention activities including data system specifications and data management information systems; capacity to collect and report client-level data for HIV prevention services and the effect of those services on client HIV risks and health service utilization; any barriers and facilitators to the collection of client level demographic and behavioral characteristics; plans to ensure data quality and security; any technical assistance needs to meet evaluation and monitoring requirements.
- e. Services Checklist—describe the core services your agency directly provides and the core services for which direct linkages to other service providers currently exist. This checklist will be kept on file as part of cataloguing available services and service providers in DC.



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***PARTNERSHIP, LINKAGES, AND REFERRALS DESCRIPTION***

25 points

Organizations that are most successful are often those that have well-defined missions and implement programs within their comparative advantage, extending or changing their mission strategically and consciously over time.

We do, however, encourage organizations to be aware of critical partnerships that are available and can provide complementary services to clients. Inclusion of Memorandums of Agreement (MOA) and/or Memorandums of Understanding (MOU) will not suffice as proof of partnerships. In this section, we are NOT looking for general information on referrals to each and every service that might be available. Instead, we ARE looking for you to identify the complementary services that are most often most critical to the clients you serve (i.e., HIV, hepatitis B, hepatitis C, STDs, treatment of STDs, vaccinations (hepatitis A/B), renal function tests, pregnancy tests and other medical evaluation) and to describe the direct linkages you have established or plan to establish with a handful of close providers to serve your clients' needs.

Specifically, describe your plans for a linkage network to ensure that clients identified through your program have access to comprehensive services, including additional prevention services as well as primary care and essential support services (substance abuse treatment, mental health services, housing, etc.) that will maintain HIV-positive individuals in systems of care and potentially provide relevant services to most-at-risk HIV-negative individuals.

- Provide copies of sub-contracts and agreements with providers and other agencies where your clients may be linked. Organizations should develop sub-contracts with core collaborating agencies that will support prevention activities.
- Explain how you will track linkages and their outcomes, as well as how you will collect and report data on referrals.

Specific areas of comment should include:

- How will you ensure linkages of high risk negatives to prevention services?
- How linkages will ensure that the target population receives HIV and hepatitis screening and additional complementary services?
- How will you ensure patient follow-up and confirmation of attendance at appointments?

**Program Activity Plan\***

65 points

Overall, the program activity plan will be scored on the feasibility of being fully and successfully implemented and having prevention impact on the target population(s). Targeted population(s) must be clearly identified for each activity. Approach includes overcoming barriers to reaching participants effectively over time, and including a reasonable plan to assess performance and effect. Proven capacity to deliver same or related services strengthens the feasibility of

successful performance. *Plan should explicitly include organizational and/or client level targets.*

Each Program Activities Details section highlights specific required elements that should be included in your plan and specific evaluation criteria that will be applied in scoring. All standard elements will be reviewed as part of evaluation criteria. This summary provides a thorough description to routine best practices and required elements for strong programs, on which the technical evaluation of your application will be based. It also highlights details to evaluating descriptions of these programs.

- a. Program Activity Narrative, including Evaluation Plan (10 points for performance and evaluation plan component)
- b. Work Plan (Required Template Attachment D)
- c. Budget(Required Template Attachment E)—not scored

### **Supplemental Description:**

**The following questions translate some of the key program elements and approaches to how they may be evaluated in your application and should be used to assist your preparation of the program plan.**

### **PrEP Support and Outreach**

- How will your organization access clinical providers to educate them about PrEP as a viable prevention option?
- How will you ensure services are culturally sensitive and relevant?
- How will you ensure client confidentiality?
- How will you collect and report process and monitoring data for this program model?
- How will your program activities address barriers to accessing PrEP and other HIV prevention and issues of stigma and discrimination based on infection status, race, sexual orientation, or gender identity?
- What qualifications will you require of staff providing HIV prevention services? What training will your staff need?
- How will you ensure that clients interested in PrEP receive the medication?
- How will you ensure that clients on PrEP receive additional health screenings as needed?

## **REVIEW AND SCORING OF APPLICATION**

### **Technical Review**

All applications will be reviewed initially for completeness, formatting and eligibility requirements by DOH personnel prior to being forwarded to the external review panel. Incomplete

applications and applications that do not meet the eligibility criteria will not advance to the external review. Applicants will be notified that their applications did not meet eligibility.

## **External Review Panel**

The review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in human services, public health nutrition, health program planning and evaluation, and social services planning and implementation.

The panel will review, score and rank each applicant's proposal based on the criteria outlined in the RFA. Individual panel members are required to provide a summary of strengths and weaknesses found in the application.

## **Internal Review**

DOH program managers will review the individual and summary recommendations of the external review panel and make recommendations for awards. Program Managers will weigh the results of the review panel against other internal and external factors in making the final funding determinations. Those factors will include minimally a past performance review, risk assessment and eligibility assessment, including a review of assurances and certifications, and business documents submitted by the applicant, as required in the RFA. DOH will also conduct an excluded parties list search (EPLS) of the organization and executives via the federal System for Award Management (SAM) and conduct an DC Clean Hands review to obtain DC Department of Employment Services and DC Office of Tax and Revenue compliance status.

In this phase of the review process, DOH reserves the right to request clarifying supplemental information from applicants and request on-site pre-decisional reviews for those applicants being considered for award. Any request for supplemental information or on-site visits is not a commitment by DOH to fund the applicant.

The internal review panel prepares and submits a formal recommendation of prospective awardees, funding levels and service/activities to the DOH Director for signature. The DOH Office of Grants Management is responsible for certifying that all District rules and standards were followed for the RFA process.

Grants will be awarded through the use of Department of Health Functions Clarification Emergency Amendment Act of 2015 (D.C. Act 19-391).

## **POSTAWARD ACTIVITIES**

Successful applicants will receive a letter confirming their award. It will also outline the next steps as a sub grantee with the Department of Health.

Grantees must submit monthly data reports and quarterly progress and outcome reports using

the tools provided by DOH/HAHSTA and following the procedures determined by DOH/HAHSTA. If you are funded, reporting forms will be provided during your grant-signing meeting with HAHSTA.

Continuation of funding for Year 2 is dependent upon the availability of funds for the stated purposes, fiscal and program performance, and willingness to incorporate new District-level directives, policies, or technical advancements that arise from the community planning process, evolution of best practices, or other locally relevant evidence.

## **BUDGET DEVELOPMENT AND DESCRIPTION**

You will need to provide a detailed line-item budget and budget justification that includes the type and number of staff you will need to successfully put into place your proposed activities. You must follow the model of the sample budget included Attachment E.

HAHSTA may not approve or fund all proposed activities. Give as much detail as possible to support each budget item. List each cost separately when possible.

Provide a description for each job, including job title, function, general duties, and activities related to this grant: the rate of pay and whether it is hourly or salary; and the level of effort and how much time will be spent on the activities (give this in a percentage, e.g., 50% of time spent on evaluation).

The applicant should list each cost separately when possible, give as much detail as possible to support each budget item, and demonstrate how the operating costs will support the activities and objectives it proposes.

The applicant shall use a portion of their proposed budget for evaluation activities.

### **Indirect Costs**

If your organization has a Federally Negotiated Indirect Cost Agreement, you will be required to submit a copy of that agreement in lieu of providing detail of costs associated with this line. You may charge indirect at a rate not to exceed 10% of the total projected direct costs of your program.

If your organization does not have a Federally Negotiated Indirect Cost Agreement, you will be required to provide detail of what costs are captured in your indirect cost line not to exceed 10% of the total projected direct cost of your program.

## **ASSURANCES**

HAHSTA requires all applicants to submit various Certifications, Licenses, and Assurances. This is to ensure all potential sub-grantees are operating with proper DC licenses. The complete compilation of the requested documents is referred to as the Assurance Package.

HAHSTA classifies assurances packages as two types: those “required to submit applications” and those “required to sign grant agreements.” Failure to submit the required assurance package will likely make the application ineligible for funding consideration [required to submit assurances] or ineligible to sign/execute grant agreements [required to sign grant agreements assurances].

**A. Assurances Required to Submit Applications (Pre-Application Assurances)**

- Signed Assurances and Certifications
  - a. Certifications (attachment F3),
  - b. Federal Assurances (attachment F2)
  - c. DOH statement of Certification (attachment F1)
- Current Certification of Clean Hands from Office of Tax & Revenue (OTR)
- 501 (c) 3 certification
- List of Board of Directors on letterhead, for current year, signed and dated by a certified official from the Board. (cannot be Executive Director)
- All Applicable Medicaid Certifications
- A Current Business license, registration, or certificate to transact business in the relevant jurisdiction

**B. Assurances required for signing grant agreements for funds awarded through this RFA (Post-Award)**

- Certification Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; and Drug-Free Workplace Requirements (Attachment O)
- Comprehensive Automobile Insurance, if applicable for organizations that use company vehicles to administer programs for services.
- Certification of current/active Articles of Incorporation from DCRA.
- Proof of Insurance for: Commercial, General Liability, Professional Liability, Comprehensive Automobile and Worker’s Compensation
- Certificate of Occupancy
- Most Recent Audit and Financial Statements

A list of current HAHSTA sub-grantees with valid assurance packages on file with HAHSTA will be available for review at the pre-application conference. Current sub-grantees who do not attend the pre-application conference may contact their grant monitor after the conference to review the list of their valid assurance packages on file. Organizations with confirmed valid assurance package on file will not be required to submit additional information.

It is recommended that the Assurance Packet be submitted to the Financial Management and Administration Services Division by **Tuesday, August 11, 2015** to allow for review and evaluation. Applicants with complete assurance packets will receive a receipt that they will bring with them in lieu of the assurance documents at the time they submit their application. Proposals from organizations that do not have the complete required assurances will not be considered for funding.

The envelope with the assurances must have attached a copy of the Assurance Checklist or the receipt that confirms a complete assurance packet was received.

Please contact April Richardson on 202-671-4828 regarding assurance submission.

***HAHSTA CONTACTS***

Applicants are encouraged to e-mail or fax their questions to the contact person(s) listed below on or before **August 11, 2015**. Questions submitted after the deadline date will not receive responses. Please allow ample time for questions to be received prior to the deadline date.

**Contact Person:** Stacey L. Cooper, MSW  
Deputy Bureau Chief, Prevention  
Government of the District of Columbia, Department of Health  
HIV/AIDS, Hepatitis, STD & TB Administration (HAHSTA)  
899 North Capitol Street, NE 4<sup>th</sup> Floor  
Washington DC 20002  
E-Mail: [Stacey.Cooper@dc.gov](mailto:Stacey.Cooper@dc.gov)  
Phone: 202.671.4900  
Fax: 202.671.4860

Direct Budget Questions to Anthony Young:  
[Anthony.Young@dc.gov](mailto:Anthony.Young@dc.gov)

### **Glossary of Terms**

**Target Population:** A particular group of people that is identified as the intended recipient of a service, activity or program (i.e. men who have sex with men, women and transgender).

**Program Area:** The particular service area available for funding.

**Pre-Exposure Prophylaxis (PrEP):** PrEP is a powerful HIV prevention tool that can be combined with condoms and other prevention methods to provide even greater protection than when used alone.







## **List of Attachments**

Attachment A: Letter of Intent

Attachment B: Applicant Profile

Attachment C: Applicant Receipt

Attachment D: Work Plan

Attachment E: Budget Format and Guidance

Attachment F1: Federal Assurance

Attachment F2: Department of Health Certifications

Attachment F3: Statement of Certification

Attachment G: Application Checklist

Attachment H: Organizational Services Summary

Attachment I: Executive Summary

Attachment J: Assurances Checklist

## **Attachment A: Letter of Intent**

Letter of Intent to apply for 2015 Pre-Exposure Prophylaxis Support and Outreach funding from HAHSTA. Although a letter of intent is not required, this information will assist the HIV/AIDS, Hepatitis, STD and TB Administration in planning for the review process.

*Please fax your letter of intent to Stacey Cooper at (202) 671-4860 by July 28, 2015.*

The purpose of this letter is to inform you that our organization is interested in applying for funding under **RFA#HAHSTA\_PREP072415**

**Name of Organization** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Ward** \_\_\_\_\_

**Contact Name** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Ext:** \_\_\_\_\_ **Fax:** \_\_\_\_\_



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## ATTACHMENT B - Applicant Profile

**Applicant Name:**

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### *TYPE OF ORGANIZATION*

Small Business \_\_\_\_\_ Non-Profit Organizations \_\_\_\_\_ Other \_\_\_\_\_

**Contact**

**Person:** \_\_\_\_\_

**Office**

**Address:** \_\_\_\_\_

---

**Telephone:** \_\_\_\_\_

**E-Mail Address:**

---

**Program Description:**

---

---

**DUNS#**

**Program Area:**

### *BUDGET*

**Total Funds Requested:**        \$ \_\_\_\_\_

## ATTACHMENT C: Applicant Receipt

District of Columbia, Department of Health  
HIV/AIDS, Hepatitis, STD and TB Administration  
899 North Capitol Street, NE  
Washington, DC 20002

RFA # HAHSTA\_PrEP072415

THE DISTRICT OF COLUMBIA, DEPARTMENT OF HEALTH  
HAHSTA PREVENTION AND INTERVENTION SERVICES IS IN RECEIPT OF:

_____ (Contact Name/Please Print Clearly)		
_____ (Organization Name)		
_____ (Address, City, State, Zip Code)		
_____ (Telephone)	_____ (Fax)	_____ (E-mail Address)
_____ (Program Title- If applicable)		\$ _____ (Amount Requested)

Program Area for which funds are requested in the attached application:


*(Check Just one per Application)*

\_\_\_\_\_ **Program Area A: Pre-Exposure Prophylaxis Support and Outreach**

	<b>Area A: Pre-Exposure Prophylaxis Support and Outreach</b>
[District of Columbia, Department of Health USE ONLY]	
ORIGINAL PROPOSAL AND _____ (NO.) OF COPIES	
RECEIVED ON THIS DATE: _____/_____/ 2015	
TIME RECEIVED: _____	RECEIVED BY: _____

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## ATTACHMENT D: WORK PLAN

<b>Agency:</b>	<b>Program Period:</b>		
<b>Grant #:</b>	<b>Submission Date:</b>		
<b>Target Population /Service:</b>	<b>Submitted by:</b>		
<i>Total Budget \$</i>	<b>Telephone #</b>		
<b><u>GOAL 1:</u></b>			
Measurable Objectives/Activities:			
<b>Process Objective #1:</b> <i>[Example: By December 31, 2015, provide 2,500 face-to-face outreach contacts for 500 unduplicated injection drug users in Wards 5 &amp; 6]</i>			
<u>Key activities needed to meet this objective:</u>	<u>Start Date/s:</u>	<u>Completion Date/s:</u>	<u>Key Personnel (Title)</u>
			
<b>Process Objective #2:</b>			
<u>Key activities needed to meet this objective:</u>	<u>Start Dates:</u>	<u>Completion Dates:</u>	<u>Key Personnel (Title)</u>
• • •			
<b>Process Objective #3:</b>			
<u>Key activities needed to meet this objective:</u>	<u>Start Dates:</u>	<u>Completion Dates:</u>	<u>Key Personnel (Title)</u>
• • •			

[Z:\Workplan Template.doc](#) (link to work plan template)

Please duplicate this page as needed for each Program Goal. Ensure that there are goals and objectives linked to each of the interventions covered under this grant.

## ATTACHMENT E: Budget Format and Guidance

Provider Name

Service Area Name \_\_\_\_\_

### Service Area Budget Summary

	Proposed	Budget
<b>Salaries &amp; Wages Subtotal</b>		
<b>Fringe Benefits Subtotal</b>		
<b>Consultants &amp; Experts Subtotal</b>		
<b>Occupancy Subtotal</b>		
<b>Travel &amp; Transportation Subtotal</b>		
<b>Supplies &amp; Minor Equipment Subtotal</b>		
<b>Capital Equipment Subtotal</b>		
<b>Client Costs Subtotal</b>		
<b>Communications Subtotal</b>		
<b>Other Direct Costs Subtotal</b>		
<b>Administrative Cost Subtotal</b>	<b>10%</b>	
<b>Advance Subtotal</b>		
<b>TOTAL</b>		-

### Personnel Schedule

Position Title	Site	Option No. 1		Option No. 2		Monthly Salary or Wage	No. of Mo.	Budget Amount
		Annual Salary	FTE	Hourly Wage	Hours per Month			
<b>TOTAL</b>								

### Consultant/Contractual

Item	Unit	Unit Cost	Number	Budget
				-
<b>TOTAL</b>				-

### Occupancy Schedule

Facility	Site	Unit	Unit Cost	Number	Budget
Rent					-
Utilities (Gas/Electric/Water)					-

<b>TOTAL</b>					-

### Travel / Transportation Schedule

Item	Unit	Unit Cost	Number	Budget
				-
<b>TOTAL</b>				-

### Supplies

Item	Site	Unit	Unit Cost	Number	Budget
					-
<b>TOTAL</b>					-

### Capital Equipment Schedule

Item	Site	Unit	Unit Cost	Number	Budget
<b>TOTAL</b>					

### Client Cost Schedule

Item	Site	Unit	Unit Cost	Number	Budget
------	------	------	-----------	--------	--------



					-
<b>TOTAL</b>					-

### Communications Schedule

Item	Site	Unit	Unit Cost	Number	Budget
					-
					-
<b>TOTAL</b>					-

### Other Direct Costs Schedule

Item	Unit	Unit Cost	Number	Budget
<b>TOTAL</b>				

### Indirect Costs


<b>TOTAL</b>								
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## Attachment F1: DOH Assurances

### GOVERNMENT OF THE DISTRICT OF COLUMBIA

#### Department of Health



#### Department of Health Statement of Certification

- A. The applicant/grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Agency on behalf of the organization; (attach)
- B. The applicant/grantee is able to maintain adequate files and records and can and will meet all reporting requirements;
- C. That all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required;
- D. The applicant/grantee is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia OTR stating that the entity has complied with the filing requirements of District of Columbia tax laws and has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR; (attach)
- E. That the applicant/grantee has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;
- F. That, if required by the grant making Agency, the applicant/grantee is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;
- G. That the applicant/grantee is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;
- H. That the applicant/grantee has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or subgrant, or the ability to obtain them;
- I. That the applicant/grantee has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;
- J. That the applicant/grantee has a satisfactory record performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, that the applicant has otherwise established that it has the skills and resources necessary to perform the grant. In this connection, Agencies may report their experience with an applicant's performance to OPGS which shall collect such reports and make the same available on its intranet website.
- K. That the applicant/grantee has a satisfactory record of integrity and business ethics;
- L. That the applicant/grantee has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;

- M. That the applicant/grantee is in compliance with the applicable District licensing and tax laws and regulations;
- N. That the applicant/grantee complies with provisions of the Drug-Free Workplace Act; and
- O. That the applicant meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations;
- P. The grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or subgrant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

**As the duly authorized representative of the applications, I hereby certify that the applicant will comply with the above certifications.**

\_\_\_\_\_  
**Applicant/Grantee Name**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_ **Zip Code** \_\_\_\_\_

\_\_\_\_\_  
**Application Number and / or Project Name**

\_\_\_\_\_  
**Grantee IRS/Vendor Number**

**Signature:** \_\_\_\_\_  
**{Insert Name}, Executive Director**

**Date:** \_\_\_\_\_

## Attachment F2: Federal Assurances

### GOVERNMENT OF THE DISTRICT OF COLUMBIA

#### DEPARTMENT OF HEALTH



#### Federal Assurances

The applicant hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB Circulars No. 2 cfr 200 (EFFECTIVE December 26, 2014) and applicable documents as follows: A-21, A-110, A-122, A-128, A- 87; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements -28 CFR, Part 66, Common Rule that govern the application, acceptance and use of Federal funds for this federally-assisted project. Also, the Applicant assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of The applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of The applicant to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et. seq.).
4. It will comply with the minimum wage and maximum hour's provisions of the Federal Fair Labor Standards Act if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the sponsoring agency of the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Federal-sponsoring agency concerning special requirements of Law, program requirements, and other administrative requirements.
8. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234-, 87 Stat. 975, approved December 31,1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.
10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et. seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.

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11. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18. Administrative Review Procedure; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.
12. It will comply, and all its contractors will comply with; Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title IIX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.
13. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, U.S. Department of Justice.
14. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for \$500,000 or more.
15. It will comply with the provisions of the Coastal Barrier resources Act (P.L 97-348) dated October 19, 1982, (16 USC 3501 et. Seq) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.
16. In addition to the above, the applicant shall comply with all the applicable District and Federal statutes and regulations as may be amended from time to time including, but not necessarily limited to:
  - a) The Hatch Act, Chap. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.)
  - b) The Fair Labor Standards Act, Chap. 676, 52 Stat. 1060 (29 U.S.C.201 et seq.)
  - c) The Clean Air Act (Subgrants over \$100,000) Pub. L. 108-201, February 24, 2004, 42 USC cha. 85et.seq.
  - d) The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970, 84 Stat. 1590 (26 U.S.C. 651 et.seq.)
  - e) The Hobbs Act (Anti-Corruption), Chap 537, 60 Stat. 420 (see 18 U.S.C. § 1951)
  - f) Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963, 77 Stat.56 (29 U.S.C. 201)
  - g) Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967, 81 Stat. 602 (29 U.S.C. 621 et. seq.)
  - h) Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986, 100 Stat. 3359, (8 U.S.C. 1101)
  - i) Executive Order 12459 (Debarment, Suspension and Exclusion)
  - j) Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.)
  - k) Lobbying Disclosure Act, Pub. L. 104-65, Dec. 19, 1995, 109 Stat. 693 (31 U.S.C. 1352)
  - l) Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C. 701 et seq.)
  - m) Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR 34.20
  - n) District of Columbia Human Rights Act of 1977, D.C. Official Code § 2-1401.01
  - o) District of Columbia Language Access Act of 2004, DC Law 15 – 414, D.C. Official Code § 2-1931 et seq.)

**As the duly authorized representative of the applications, I hereby certify that the applicant will comply with the above Federal statutes, regulations, policies, guidelines and requirements:**

\_\_\_\_\_  
**Applicant/Grantee Name**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_ **Zip Code** \_\_\_\_\_

\_\_\_\_\_  
**Application Number and / or Project Name**

\_\_\_\_\_  
**Grantee IRS/Vendor Number**

**Signature:** \_\_\_\_\_  
{Insert Name}, Executive Director

**Date:** \_\_\_\_\_

Attachment F3: Certifications

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**GOVERNMENT OF THE DISTRICT OF COLUMBIA**

**Department of Health**



**Certifications Regarding, Lobbying, Debarment and Suspension, Other Responsibility Matters, and Requirements for a Drug-Free Workplace**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-procurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact.

**1. Lobbying**

As required by Section 1352, Title 31 of the U.S. Code and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

- (a) No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress; an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;
- (b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form -III, "Disclosure of Lobbying Activities," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers including subgrants, contracts under grants and cooperative agreements, and subcontracts and that all sub-recipients shall certify and disclose accordingly.

**2. Debarments and Suspension, and Other Responsibility Matters (Direct Recipient)**

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510-

***The applicant certifies that it and its principals:***

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

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- B. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public Federal, State, or local transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- C. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any of the offenses enumerated in paragraph (I)(b) of this certification; and
- D. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or Local) terminated for cause or default; and

Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

### **3. Drug-Free Workplace (Awardees Other Than Individuals)**

As required by the Drug Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F. for Awardees, as defined at 28 CFR Part 67 Sections 67.615 and 67.620;

The applicant certifies that it will or will continue to provide a drug-free workplace by:

- A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
- B. Establishing an on-going drug-free awareness program to inform employee's about:
  - (1) The dangers of drug abuse in the workplace;
  - (2) The applicant's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
  - (5) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a).
  - (6) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee would---
  - (7) Abide by the terms of the statement; and
  - (8) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.
  - (9) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of



convicted employees must provide notice, including position title to: The Office Grants Management and Resource Development, 899 North Capitol St. NE, 4<sup>th</sup> Floor (Contact: Chief, Office of Grants Management), Washington DC 20002. Notice shall include the identification number(s) of each effected grant.

- (10) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted ---

- (a) Taking appropriate personnel action against such an employee, up to and incising termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency.
- (c) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (l), (c), (d), (e), and (1).

- (11) The applicant may insert in the space provided below the sites) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)  
Drug-Free Workplace Requirements (Awardees who are Individuals)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, subpart F, for Awardees as defined at 28 CFR Part 67; Sections 67615 and 67.620-

- (12) As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

- (13). If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to:

D.C. Department of Health, 899 North. Capitol St., NE, Washington, DC 20002

**As the duly authorized representative of the Applicant organization, I hereby certify that the Applicant will comply with the above certifications.**

\_\_\_\_\_  
**Applicant/Grantee Name**  
\_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_ **Zip Code** \_\_\_\_\_  
\_\_\_\_\_  
**Street Address**  
\_\_\_\_\_  
**Application Number and / or Project Name** **Grantee IRS/Vendor Number**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
                    {Insert Name}, Executive Director

## Attachment G: Application Checklist

- ☐ The applicant organization/entity has responded to all sections of the Request for Application.
- ☐ The Applicant Profile, Attachment B, contains all the information requested and is affixed to the front of each envelope.
- ☐ The Proposed Budget is complete and complies with the Budget format listed in Attachment E of the RFA. The budget narrative is complete and describes the categories of items proposed.
- ☐ The application is printed on 8½ by 11-inch paper, double-spaced, on one side, using 12-point type with a minimum of one inch margins. Applications that do not conform to this requirement will not be forwarded to the review panel.
- ☐ The application is unbound and submitted with rubber bands or binder clips only.
- ☐ **One hard copy marked “original” with all attachments is in an individually sealed envelope and five (5) hard copies. Applications will not be forwarded to the review panel if the applicant fails to submit the required submission.**
- ☐ The application is submitted to the HAHSTA no later than 4:30 p.m. on the deadline date of Monday, August 24, 2015.
- ☐ The project narrative section is complete and is within the page limit for this section of the RFA submission.
- ☐ The Certifications and Assurances, and all of the items listed on the Assurance Checklist, are complete and are included in the assurance package.
- ☐ The assurance packages are submitted marked “original.”
- ☐ The appropriate appendices, including Memoranda of Understanding, job descriptions; licenses (if applicable) and other supporting documentation are enclosed.

## Attachment H: Organizational Services Summary

Service Category	Provide Directly	Direct Linkage* to Other Agency	If Direct Linkage, Established MOU (Yes/No), with whom?
1. Primary HIV Care (PLWHA)			
2. Medical Case Management (PLWHA)			
3. Case Management (non-Medical) (PLWHA)			
4. Substance Abuse Services			
5. Mental Health Services			
6. Nutritional Services/Food Bank			
7. Emergency Financial Assistance			
8. Housing Services			
9. Prevention for PLWHA			
10. Support Groups			
11. Individual-Level Prevention, For persons who are HIV Negative/Unknown			

## Attachment H: Organizational Services Summary

Service Category	Provide Directly	Direct Linkage* to Other Agency	If Direct Linkage, Established MOU (Yes/No), with whom?
12. Group-level Prevention Interventions, For persons who are HIV Negative/Unknown			
13. Community-level Prevention Interventions, for persons who are HIV Negative/Unknown			
14. HIV Counseling, Testing, Referral			
15. STD Diagnosis and Treatment			
16. IDU risk reduction including Needle Exchange			
17. Condom distribution/Recruitment of Condom Distribution sites			
18. Childcare or Respite Services			
19. Transportation Services			
20. Outreach Services			
21. Legal Services			

## Attachment I: Executive Summary

Organization \_\_\_\_\_

We are applying for (Check list of parts & activities):

Check Applicable Service Areas	Prevention Activities	Target Population(s)*	New Activity/Continuing Activity	\$\$ Requested
Area A: Pre- Exposure Prophylaxis Support and Outreach				

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health**



**HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)**

**Name of Organization**\_\_\_\_\_

**ASSURANCES CHECKLIST**

1. ☐ Signed DOH Federal Assurances (located in RFA in which you are applying)
  - Certifications Regarding Lobbying, Debarment and Suspension, Other Responsibility Matters, and Requirements for a Drug-Free Workplace
  - Federal Assurances
  - Department of Health Statement of Certification
  
2. ☐ Current Business License  
Department of Consumer and Regulatory Affairs (DCRA)  
1100- 4<sup>th</sup> Street, S.W. Contact: 202-442-4400  
[www.dcr.dc.gov](http://www.dcr.dc.gov) Click on "Business Licensing & Regulation," then click on "Renew" BBL
  
3. ☐ Clean Hands Certification (formerly Certificate of Clean Hands)  
Office of Tax & Revenue (OTR) **(You can only apply for this on-line. It takes at least 7 days, but no more than 14 days.)**  
1100- 4<sup>th</sup> Street, S.W. Contact: Rhonda Lycorish 202-442-6815  
[www.otr.cfo.dc.gov](http://www.otr.cfo.dc.gov) Click on "Business Tax," then click on "Certificate of Clean Hands"
  
4. ☐ 501 © (3) Certifications. For Non-Profit Organizations
  
5. ☐ List of Board of Directors, on letterhead, for current year, signed by a certified official from the Board.
  
6. ☐ Medicaid Certification(s) if applicable. NOTE: Medicaid certification is not applicable to service categories funded under this RFA.

**For more information contact April Richardson, Grants Management Specialist (HAHSTA) - [April.Richardson@dc.gov](mailto:April.Richardson@dc.gov) or 202-671-4828**

**RFA # HAHSTA\_PrEP072415**